

The American Social Hygiene Association

By C. WALTER CLARKE, M.D.

TODAY, 40 years after the American Federation for Sex Hygiene and the American Vigilance Association merged to form the American Social Hygiene Association, the country recognizes that, although much has been accomplished in sex education, venereal disease control, and the suppression of prostitution, the problems the American Social Hygiene Association faced up to originally remain a challenge. Nor is it so remarkable that present social hygiene problems are in many ways identical to those of 1914. Problems rooted in human nature require generations of cooperative planning, research, demonstration, and field work for their solution. They do not lend themselves to the once-over-lightly treatment optimists would give. Instead, as one or another aspect of these problems has changed according to time or circumstances, emphases have changed to meet the need.

Mobilizing Public Opinion

Dr. Charles W. Eliot, John D. Rockefeller, Jr., James Bronson Reynolds, Dr. William F. Snow, and others present at the first meeting

Dr. Clarke, executive director emeritus of the American Social Hygiene Association, has been a member of the association's staff since 1914 as field secretary, European representative, medical director, and executive director. He has served as clinical professor of public health practice, Harvard University, and has been associated with a number of State, national, and international health and welfare organizations. During World War II, Dr. Clarke was consultant to the Secretary of War.

of the new national association in 1914 did not minimize the difficulties before them. They knew there was as yet no public opinion to support their aims and that the channels through which public opinion can usually be molded were firmly closed to them. Public discussion of sex problems was taboo. On the credit side, however, they had the support of distinguished leaders who could eventually influence public opinion. Men and women like David Starr Jordan, Jane Addams, Grace Dodge, Cardinal Gibbons, Felix Warburg, and Julius Rosenwald had been attracted to the social hygiene movement by the work of the association's two parent organizations and especially by the work of Dr. Prince A. Morrow, president and founder of the American Federation for Sex Hygiene. Perhaps less effective was the support of the 12 "sex hygiene societies" and about an equal number of "vice commissions" in cities from coast to coast. Their feeble, fumbling attacks on the great problems of sex ignorance, sexual vice, and venereal disease did little to break down ignorance and complacency.

As it was, only a few individuals had the courage to participate in this unpopular movement. The earliest leaders were preponderantly physicians, whose professional training permitted them to discuss social hygiene without censure, and a few clergymen, businessmen, and educators. The new association set out to increase the number of such leaders, people who could influence public opinion and open channels to the public. Once the conspiracy of silence in the press, pulpit, classroom, and home was overcome, the American Social Hygiene Association could make progress in its efforts to help correct abominable conditions.

Although World War I was responsible for

removing some taboos—activities protecting the armed forces from prostitution and venereal diseases were publicized—it was not until 1936 that the channels to the public finally opened. First the *Chicago Tribune*, then the *New York Daily News* ran articles frankly discussing syphilis and gonorrhea. Other newspapers followed their lead, and soon the press from coast to coast was publishing popular scientific articles on the venereal diseases. ASHA provided much of the data for them. When weekly and monthly periodicals followed suit, the *Readers Digest* was in the vanguard with an article by Dr. Thomas Parran which had originally appeared in the *Survey Graphic*. To many venereologists, this widely read article by Dr. Parran was the key to much of the progress made over the next several years in venereal disease control. Not long afterward broadcasting stations yielded to pressure and admitted to the air “authorized” scripts dealing with syphilis. The conspiracy of silence was at last broken.

Combating Venereal Disease

The great new medical discoveries relating to syphilis were still re-echoing in the scientific world in 1914 when the American Social Hygiene Association was launched. With laboratory methods of diagnosis and effective treatment at last available—tedious though the treatment was—the medical profession was encouraged to lead efforts to combat this disease. Though physicians had no satisfactory therapy for gonorrhea, they had diagnostic methods and could accomplish much as they waited for the day when effective treatment would be discovered. Strangely enough today, although the nearly perfect remedy has been found in penicillin, the conquest of gonorrhea has not advanced to the same extent as the conquest of syphilis.

The association early set itself the task of stimulating the organization of clinics and laboratory services, the formulation and enactment of laws to control venereal disease, and the establishment of education programs with trained personnel. But scarcely had ASHA started these activities when the Mexican border incident and World War I gave it an opportunity to work with other agencies directly

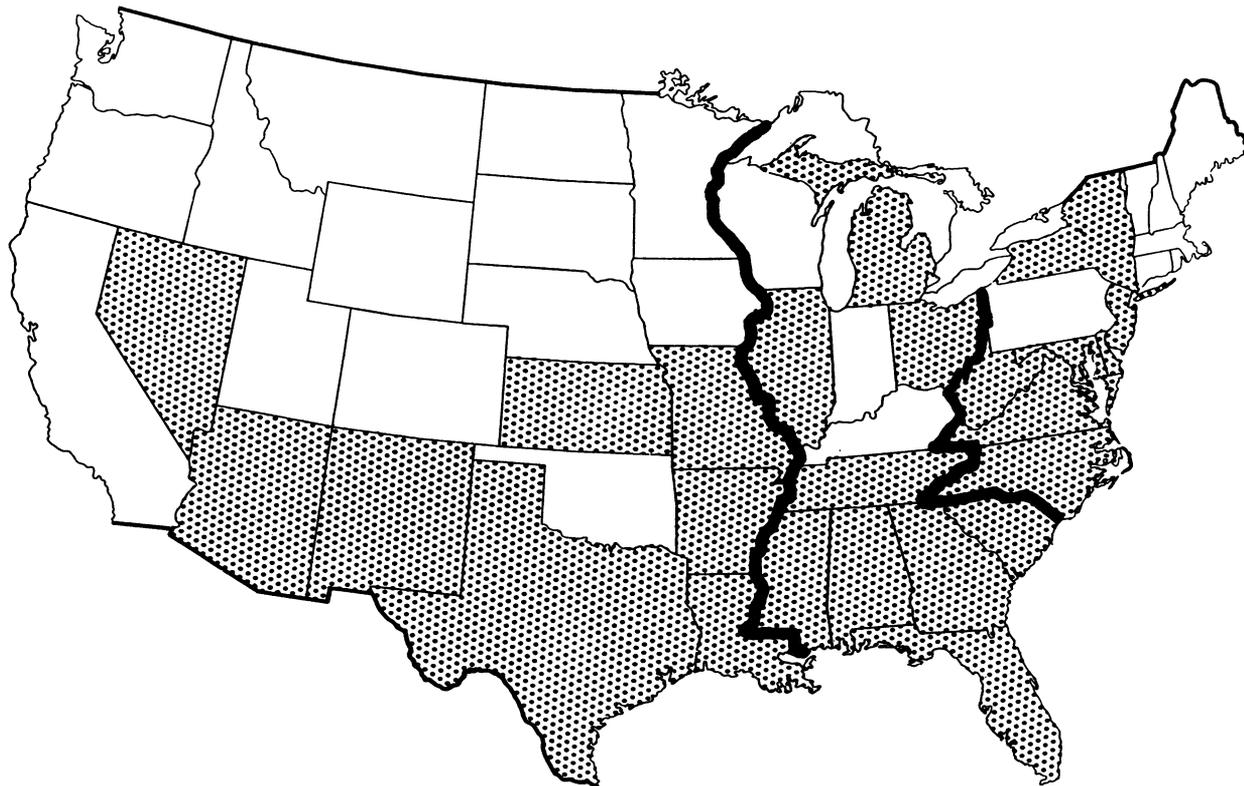
and to put to the test its medical and public health as well as its education and social policies. Under ordinary conditions of peace no such concerted action would have been possible.

Raymond B. Fosdick and Dr. Snow, speaking for the association, suggested to the Secretary of War a fourfold program: (a) provision of modern diagnosis and treatment and chemical prophylaxis to members of the armed forces, (b) vigorous repression of prostitution in the vicinity of training camps, (c) instruction of soldiers and sailors regarding the nature and prevention of venereal diseases, and (d) provision of wholesome recreation in and near all training centers.

The Secretary of War, who had successfully repressed prostitution when he was mayor of Cleveland, and the Secretary of the Navy both welcomed the association's offer of assistance and accepted these proposals. Virtually all the association's professional staff were commissioned in the Army or Navy and were assigned to venereal disease control work. With other quickly recruited and trained professional men they carried out their military assignments with vigor in the United States and abroad.

In addition to providing key personnel to the Army and Navy, the American Social Hygiene Association conducted studies of prostitution conditions around training camps, assisted State and local officials in law enforcement, provided pamphlets, posters, exhibits, and films for the venereal disease education program in the Army and Navy, and assisted in training new personnel (1). Despite the fact that this was a new venture, results were highly satisfactory. During World War I venereal disease rates, which had been rising during the prewar years, fell again and at war's end were almost as low as they had been at any time previously (2). A large body of young men in the armed forces had learned simple facts about the venereal diseases. The ASHA and other national agencies—the American Red Cross, Playground and Recreation Association of America, Young Men's Christian Association, and General Federation of Women's Clubs, to name a few—in their efforts to improve the environment near military establishments dealt prostitution a blow from which it never fully recovered.

States with early syphilis above the maintenance control level of 20 cases a year per 100,000 population, fiscal year 1953.



Nevada.....	28.7	Michigan.....	24.5	New York.....	26.0
Arizona.....	115.8	Ohio.....	32.4	New Jersey.....	24.8
New Mexico.....	26.8	Illinois.....	22.0	Delaware.....	43.0
Kansas.....	29.7	Tennessee.....	41.8	Maryland.....	27.1
Texas.....	30.3	Mississippi.....	30.7	District of Columbia.....	113.1
Missouri.....	22.5	Alabama.....	27.4	West Virginia.....	30.1
Arkansas.....	36.4	Florida.....	133.4	Virginia.....	57.7
Louisiana.....	56.7	Georgia.....	41.7	North Carolina.....	41.6
		South Carolina.....	80.8		

Between the Wars

Early in 1918 ASHA supported a bill providing for (a) the establishment of a Division of Venereal Diseases in the Public Health Service, (b) the appropriation of funds for this division and through it to the State health authorities for venereal disease control activities, and (c) the establishment of an Interdepartmental Social Hygiene Board to coordinate and encourage the activities of all Federal agencies interested in social hygiene. This bill, passed by Congress as the Chamberlain-Kahn Act with an appropriation of \$4,100,000 for fiscal years 1919 and 1920, enabled Federal and

State governments to launch venereal disease control programs along lines considered sound at that time. But at that time public knowledge of the hazards of the venereal diseases was much less complete than it is today, and public support for the program was not forthcoming. As a result, the auspicious beginnings came to a halt. We have learned since then that only by continued interest, supported by adequate funds, can we stamp out venereal diseases.

In the period between the two World Wars, ASHA urged State and local health authorities to establish sound permanent venereal disease controls, conducted studies of syphilis preva-

lence, made censuses of venereal disease cases under private and clinic treatment, evaluated the venereal disease control programs of cities and counties and suggested improvements, drafted and successfully urged the adoption of the first prenatal examination law and an improved premarital examination law, and published digests of laws dealing with the venereal diseases, prostitution, and related offenses. Through the League of Nations, League of Red Cross Societies, and International Union Against the Venereal Diseases, the association aided international health and social welfare programs, especially those aimed at suppressing traffic for immoral purposes in women and children. From 1935 to 1938 an officer of the ASHA organized a venereal disease control program for New York City, one of the most complete at that time.

A joint committee of the American Pharmaceutical Association and the ASHA, formed in 1939, has stimulated cooperation between the two groups in informing the public about the dangers of quacks and nostrums and in stressing the fact that only members of the medical profession can give adequate treatment for venereal diseases.

In 1920 ASHA began to build public opinion toward a new national effort. This was a long process. Not until 1937 was the time ripe to ask Congress for new Federal legislation based on recommendations of the Conference of State and Provincial Health Authorities, American Social Hygiene Association, and other agencies, after careful studies by the Public Health Service and State health authorities. The LaFollette-Bulwinkle bill, passed in 1938 without opposition, authorized the appropriation of \$3 million to start venereal disease control operations. As the program developed, appropriations were increased. With the Federal Government at the helm of the control program, it was not long before State and Territorial health departments were using new and highly effective control techniques in an integrated attack against venereal disease. The importance of Federal leadership was proved at this time. By the time the United States entered World War II, medical and health authorities were reasonably well provided with facilities

and personnel to cope with an anticipated rise in incidence of syphilis and gonorrhea resulting from disturbed social conditions during and following the war.

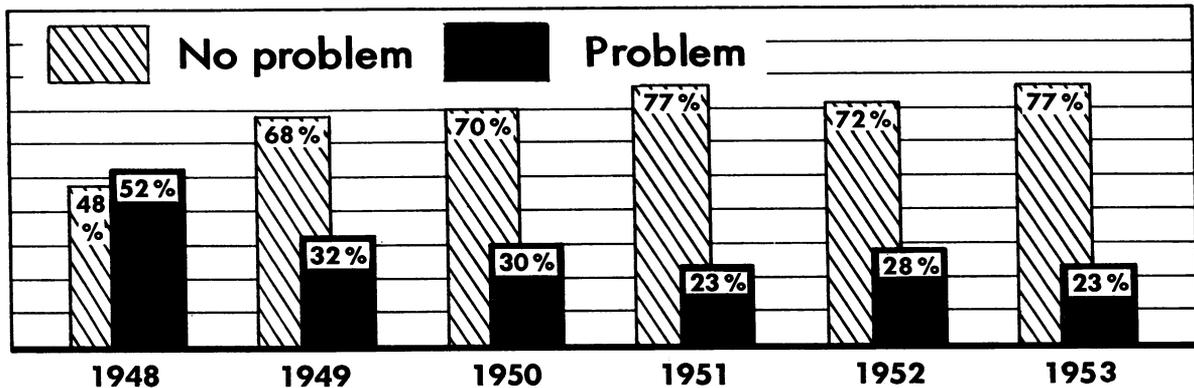
World War II

In September 1939, when President Roosevelt declared a "limited emergency" the American Social Hygiene Association immediately turned all its resources to activities in support of the defense effort. In 1940 the War and Navy Departments pledged in an 8-point agreement to control venereal disease near concentrations of the armed forces or defense workers, and they agreed to cooperate with police authorities in repressing prostitution. The American Social Hygiene Association and State and local social hygiene groups set out to stimulate public support.

After mobilization began, on the basis of the association's suggested legislation, Congress passed the May Act, which gave the Army and Navy authority to cope with prostitution conditions near training centers. At the association's suggestion, the Federal Security Agency created the Social Protection Division to cooperate with State and local officials in maintaining a wholesome environment near training centers, and the Federal Security Administrator established an Interdepartmental Venereal Disease Committee to facilitate cooperation between the Federal Security Agency and the Army, Navy, and American Social Hygiene Association.

As a member of a team seeking to protect the armed forces from prostitution and venereal disease, the association provided up-to-date facts about prostitution conditions near military installations; encouraged civilian support of the official health and welfare program for protecting the armed forces and defense workers; participated in training personnel for venereal disease control activities; and helped provide the Army and Navy with educational materials. An officer of the association served as consultant on venereal disease control to the Secretary of War and as a member of the National Research Council's committee supervising experiments in penicillin therapy for syphilis and gonorrhea.

Existence of prostitution in representative cities in the United States and Territories, 1948-53.



As a result of all these official and voluntary activities, the venereal diseases were kept under control to a greater extent than during any other war in our history (3).

Character guidance and education programs in the armed forces, plus widespread cooperation among government, military, and community agencies, also had a beneficial effect in decreasing prostitution. In 1942 the association's survey of prostitution showed an improvement in conditions. Civilians in communities which had long tolerated prostitution had had to reverse their thinking when the May Act declared prostitution a menace to the health and welfare of service personnel. More and more, people came to regard it as a social evil that weakened all law enforcement, exploited young people, and endangered the health and welfare of all. In its efforts to keep communities wholesome, the association had the support of such agencies as the Federal Bureau of Investigation; American Bar Association, which appointed a Committee on Courts and Social Protection to help control vice; National Police Committee on Social Protection, which developed new techniques of law enforcement in repressing prostitution; National Sheriffs' Association and International Association of Police Chiefs, which adopted resolutions condemning toleration of prostitution; General Federation of Women's Clubs; and Federal Council of Churches.

In 1944 with the establishment of Joint Army-Navy Disciplinary Control Boards (which now encompass all the services), ASHA and other interested civilian groups sent their

representatives to board meetings as advisers requested by the military. ASHA's special contribution was to advise on civilian education and repression of prostitution and to supply the facts on prostitution conditions near military establishments.

Postwar Period

In 1946 and 1947 venereal disease rates at first rose to a high point and then began to fall as penicillin became more widely used, as vigorous venereal disease case finding and contact tracing and activities repressing prostitution were instituted, and as social conditions became more stable. After the discontinuance of the Federal Social Protection Division, the association reestablished its Washington liaison office and its field offices across the country. (This expansion was financed by the United Service Organizations and later by the United Defense Fund.) When mobilization began in 1948, the military asked ASHA to pay special attention to communities near military camps in surveying prostitution conditions. The association also responded to requests for millions of pamphlets warning young servicemen about the dangers of venereal disease and other menaces to their health or morale. These services the association is still providing.

Like other interested organizations, the American Social Hygiene Association has considerable appreciation of the great accomplishments in venereal disease control during the last several years. ASHA is encouraged about the prospects of ultimate control of these dis-

eases, but it does not share the extreme optimism of some medical and public health leaders who appear convinced that the menace of the venereal diseases is at an end. Its analysis of the present situation—in cooperation with the American Venereal Disease Association and the Association of State and Territorial Health Officers—fortifies the association's opinion that more money is needed to deal adequately with the size and complexity of the control problem in many areas of the United States and that allocations should reflect local needs.

The American Social Hygiene Association believes that although there may be some shifts in emphasis, the future program for venereal disease control requires no new approaches. Despite satisfactory conditions in some areas, there are many scattered pockets of high prevalence. It is the association's opinion that the control program for the next several years should (a) emphasize the pockets of high incidence and prevalence, (b) intensify case finding in some areas, (c) place greater emphasis on the latent aspects of syphilis, and (d) concentrate greater effort against gonorrhoea. The lessons of the past revealed in the adverse effects of undue complacency should be remembered.

Education

In its early days the American Social Hygiene Association realized that before it could institute an education program it had to develop a philosophy about the role of sex in human life. Only then would its leaders have a basis for making decisions about materials and methods which could best encourage ideas, attitudes, and habits that strengthen family life. The early leaders—notably Professor M. A. Bigelow, Professor T. M. Balliet, and Professor Thomas W. Galloway, as well as Dr. Morrow and Dr. Eliot—believed sex instruction should be dignified, inoffensive, and consistent with American mores. From the start ASHA's program stressed the training of teachers and leaders, and its first educational efforts were directed toward colleges and universities. Then, as today, it sought also to reach the parents—the child's first instructors—through PTA's, women's clubs, and churches. Radio and television programs and newspaper and magazine articles

prepared under ASHA's aegis, as well as its own publications, now reach those parents in their homes where they were once almost unreachable.

Where there once was a tendency to make sex education a phase of general health education, today the trend is toward using new social and psychological data and skills to make sex education a facet of family life education, of which it is clearly an important part. In line with this trend and with the need for preparing young people for almost certain induction into the armed forces, ASHA worked with State and city departments of education and the military in preparing a booklet entitled, "Preinduction Health and Human Relations." This resource for teachers and youth leaders stresses that the maximum development of youth can be furthered rather than retarded by the opportunity to serve the Nation in the armed forces.

Recently, the association has inaugurated a 10-year plan of regional projects enabling 3 or 4 States to work together to meet the need for preservice and inservice education for teachers on problems of personal and family living. The pilot project, already in progress in four mid-west States, is under the direction of a committee composed of college and university administrators and representatives of national educational organizations.

Realizing that the scope of education is broadening each year, ASHA's staff participates with other educational groups at meetings and institutes to avoid duplication of effort and to understand better the interrelationships of various agencies with interlocking problems. Among them are the National Conference of Elementary School Principals; American Association of School Administrators; American Society for Curriculum Development; National Rural Health Conference; National Conference on Cooperation in Health Education; American Association of Health, Physical Education, and Recreation; American Public Health Association; and the Fourth National Conference on Health in Colleges.

Recent projects in which the association served the armed forces include an on-the-spot study for the Air Force of environmental conditions affecting the health and moral welfare of American airmen in the Far East and three

demonstrations of civilian-military cooperation on behalf of service personnel: (a) a lecture series on family life cosponsored by the faculty and YWCA of the University of Illinois and the Character Guidance Council of Chanute Air Force Base, Rantoul, Ill.; (b) a similar lecture series for Wacs at the Army Finance Center, Fort Benjamin Harrison, Indianapolis, cosponsored by the Indianapolis Social Hygiene Association; and (c) educational services for Wafs (and later for airmen) of the 1020th Special Activities Wing of the Air Force at Arlington Farms, Va., under the aegis of a committee of Washington, D. C., leaders.

In 1953 ASHA's representatives visited 330 different communities to speak at meetings and conferences, to assist local social hygiene groups, to study prostitution conditions, and to work with local officials to remedy unwholesome influences, and to conduct institutes on family life education.

International Activities

ASHA is the United States member agency of the International Union Against the Venereal Diseases and the Treponematoses, which works closely with the United Nations and other international agencies interested in venereal disease control and the suppression of prostitution. ASHA's international division also serves as the international union's regional office for the Americas. In 1953, two physicians, both members of ASHA's advisory committee on international services, attended meetings of the IUVDT in Rotterdam. One also participated in a conference in Geneva with representatives of the World Health Organization, IUVDT, and the League of Red Cross Societies. As funds become available, the

international union's regional office for the Americas hopes to expand its present services to the countries of Central and South America, and has planned an Inter-American Conference on Venereal Disease and several smaller conferences.

Other examples of ASHA's international services are: (a) providing Japan with information on effective methods of controlling prostitution and venereal disease near military installations; (b) sending publications to India for a health exhibit; (c) giving guidance to Peru on setting up a program on sex education; and (d) evaluating venereal disease and prostitution regulations in Ceylon.

Operating on a broad front, the American Social Hygiene Association looks to cooperation with a variety of institutions and agencies for an effective, economical pooling of special skills. There is room for tried techniques as well as new tools and fresh combinations of both; there is need for flexibility, initiative, and perseverance. Equipped with these, the American Social Hygiene Association is working to strengthen family life and to stamp out old evils so that our people within their homes may grow in understanding and health, fortified by the supports of a wholesome community.

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